Under t	the Paperwork Reduction A	ct of 1995, no person	are requi		atent and Tra	pproved for use thademark Office; U.	.S. ĎEPARTME	NT OF COMMER	
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2007				ed to respond to a collection of information unless it displays a valid OMB control number Complete if Known					
				Application Num		0/705,389-Conf. #4354			
				Filing Date		November 10, 2003			
				First Named Inventor N		Narayan Sundararajan			
				Examiner Name B.		B. L. Sisson			
Applicant claims small entity status. See 37 CFR 1.27				Art Unit	7 at Offic		1634		
TOTAL AMOUNT OF PAYMENT (\$) 120.00				Attorney Docket No. 2		21058/1206459-US2			
METHOD OF	PAYMENT (check	all that apply)							
Check	x Credit Card	Money Order	No	ne Other (p	olease identi	fy):			
Deposit Ac	count Deposit Account N		eposit Ac	count Name:	D	arby & Darby	/ P.C.		
For the	above-identified depo	sit account, the Di	irector is	s hereby authorize	d to: (checl	k all that apply))		
	harge fee(s) indicated			<u> </u>	•	cated below, e		e filing fee	
x CI	harge any additional f	ee(s) or underpayı	ments o	, H	any overpa	•	•	J	
L^ fe	e(s) under 37 CFR 1.				, 5voipa	,			
FEE CALCUI		/ A B 4 I b I A T I C							
1. BASIC FILIN	G, SEARCH, AND EX	(AMINATION FEE LING FEES		ARCH FEES	EVAMINI	ATION FEES	,		
	FIL	Small Entity	SE	Small Entity	EXAMIN	Small Entity	•		
Application T	ype <u>Fee (\$`</u>		<u>Fee (\$</u>		<u>Fee (\$)</u>	Fee (\$)	Fees P	aid (\$)	
Utility	300	150	500	250	200	100			
Design	200	100	100	50	130	65			
Plant	200	100	300	150	160	80			
Reissue	300	150	500	250	600	300			
Provisional	200	100	0	0	0	0			
2. EXCESS CLA	AIM FEES						-	Small Entity	
Fee Description							<u>Fee (\$)</u>	<u>Fee (\$)</u>	
Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues)							50	25	
-		iding Reissues)					200	100	
Multiple depend							360	180	
·						ultiple Dependent Claims			
	- 20 = x	: = if greater than 20.			<u>Fee</u>) (\$)	Fee Paid (\$	1	
Indep. Claims	Extra Claims	Fee (\$)	Fee	Paid (\$)	-			-	
macp. Claiiis	-3 = X		. 66	ι αια (ψ)					
HP = highest num	ber of independent claims	paid for, if greater that	n 3.						
listings und	ON SIZE FEE ation and drawings ex der 37 CFR 1.52(e)), to action thereof. See 3	he application siz	e fee du	ie is \$250 (\$125 fo					
Total Sheet				additional 50 or frac			Fee F	Paid (\$)	
4. OTHER FEE	100 = (S)			(round up to a whol	e number))	`		Paid (\$)	
	Specification, \$130) fee (no small ent	tity disc	count)					
ŭ	late filing surcharge):	`	•	<i>'</i>	st month		12	0.00	
SUBMITTED BY									
Signature	/Raj S. Davé/			Registration No. (Attorney/Agent)	42,465	Telephone	(202) 639	9-7515	
Name (Print/Type)	Raj S. Davé	-				Date	e August 7, 2007		